

SUMMARY OF CAMPAIGN CONTRIBUTIONS AND EXPENSES
2000 PRIMARY AND GENERAL ELECTIONS

State of Nevada

JEFF CONNORS NORTH LAKE TAHOE
Candidate's Name(print) Office District (if applicable)
P.O. BOX 1381 CRYSTAL BAY NV 89402 831-7369
Mailing address (include city and zip code) Telephone Number

REPORT NUMBER 1 - DUE AUGUST 29, 2000

Report Period **Began:** December 17, 1994, for an office with a six year term

Report Period **Began:** December 21, 1996, for an office with a four year term

Report Period **Began:** December 19, 1998, for an office with a two year term

Report Period **Ends:** August 23, 2000

Cash on hand from previous campaign (should equal the balance shown on your last disposition of unspent contributions report), if any 0

CONTRIBUTIONS SUMMARY

1. Total Amount of contributions in excess of \$100	<u>0</u>
2. Total amount of contributions of \$100 or less	<u>0</u>
Actual number of contributions of \$100 or less <u>0</u>	
3. Interest and income earned, if any	<u>0</u>
4. TOTAL AMOUNT OF ALL CONTRIBUTIONS (add lines 1 through 3)	<u>0</u>

EXPENSES SUMMARY

5. Total amount of expenses in excess of \$100	<u>160</u>
6. Total amount of expenses of \$100 or less	<u>0</u>
7. Expense for filing fee	<u>30</u>
8. TOTAL AMOUNT OF ALL EXPENSES (add lines 5 through 7)	<u>\$190.00</u>

If no contributions or expenses are listed during this Report Period, only this page of the report needs to be filed with your filing officer.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 8-25-00
Date

Jeff Connors
Signature of Candidate

Jeff Connors
Candidate's Name (print)B.O.D.
OfficeN.L.T.F.P.D.
District (if applicable)

Expenses Categories

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	B	
Expenses related to travel	C	
Expenses related to advertising	D	160. ⁰⁰
Expenses related to paid staff	E	
Expenses related to consultants	F	
Expenses related to polling	G	
Expenses related to special events	H	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses <i>filling fee</i>	J	30. ⁰⁰

Jeff Connors
Candidate's Name (print)

B.O.D.
Office

N.L.T.F.P.D.
District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
PERSONAL SERVICES CO.	D		160. ⁰⁰

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CAMPAIGN EXPENSES**REPORT PERIOD Number 1**

Jeff Connors
Candidate's Name (print)

BOD
Office

N.C.T.F.P.D.
District (if applicable)

Expenses of \$100 or Less

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